

town or village may well become the hospital center for a large surrounding territory. Why not look over your own section with this in view and see whether a hospital would be an advantage, and what prevents greater success of existing hospitals?

The rural and small town hospital need not be elaborate or extensive. It may be financed in a variety of ways. It should accommodate a clinical laboratory, X-ray outfit, and library, in addition to provision for patients and nurses. It should be the medical center for its district, and be available for every reputable physician. It should have definite standards for medical work and for community service, and all its doctors should be educated in these standards. It should serve to unify the medical profession by furnishing a meeting place for programs, discussion, consultation, exhibition of cases and specimens, and consideration of common problems. It should be a medical club where the physicians become personally acquainted and lose their petty differences and jealousies in a common program to a broader end.

Such a hospital has a large service to render its constituent community as a center for public health propaganda, an educational center in disease prevention, sanitation and hygiene. The health office of the district should find it an invaluable ally and should develop it to this end. It should supply some direct help to the district, additional to the actual care of patients. It should find, almost anywhere in California, a field for local application of preventive medicine to industry. It should be such a factor of service in the community that the community will recognize its value and support it liberally. Give it publicity. Make it a necessary part of local affairs. If this is done, it will get the patients and financial support.

#### **VOLUNTEER MEDICAL SERVICE CORPS QUESTIONNAIRES.**

Early in February each physician in the United States, exclusive of those who served in the Medical Corps of the Army for the past two years and members of the Volunteer Medical Service Corps, received a communication from the Council of National Defense, requesting that he fill out and return promptly to the Washington office an accompanying questionnaire, so that there may be on file in Washington complete individual information covering the members of the profession. Simultaneously with the distribution of these questionnaires, state and county representatives of the Volunteer Medical Service Corps were instructed to urge all doctors in their communities to comply promptly with the request of the Council to fill out and forward promptly to Washington the blanks sent them; and to advise those who by any chance failed to receive blanks, to communicate with the Council of National Defense at once in order that application blanks might be furnished them.

The Volunteer Medical Service Corps was organized early in 1918 to serve the Government

during the emergency of war. As this emergency has ceased to exist, active membership in the Corps is no longer solicited. However, the survey initiated by this organization last year has proved of such value as a source of information concerning the individual members of the medical profession that the Surgeons General of the Army, Navy and Public Health Service have requested the Council of National Defense to complete it so as to include every doctor in the country, in order that a permanent record of the profession may at all times be available for reference in future emergencies. Upon their completion, the records will be transferred to the Surgeon General's Library where they will be kept up to date by a force assigned for the purpose, and be accessible to all government bureaus.

Every physician is requested to co-operate with the Council of National Defense in making this record complete by returning at once the questionnaire received or by writing to the Medical Section of the Council of National Defense, Washington, D. C., and requesting that a blank be sent him if through an oversight he did not receive one.

#### **EDITORIAL COMMENT.**

Immunity is offered anyone who writes to the Immunity Department. Don't hesitate. And don't miss reading it.

It is especially desired to secure short biographical obituaries and photos of prominent physicians dying in any section of the State. It is a mark of due respect and esteem for them, and a memorial and inspiration for their fellows.

See if your county is well represented in the county news section of this issue of the JOURNAL, and if it is not, go after your county editor. You will find his name on the first editorial page. Just notice the newsy and interesting Los Angeles county section each month.

It is probable that many symptoms even now described as characteristic of certain infectious diseases will eventually be found to be non-specific, and the result of common factors in the etiology of those diseases. An example of this is found in the non-specific protein reaction made use of in the intravenous injection of typhoid vaccine or other standardized protein in certain types of arthritis. A further step has been taken by Clyde Brooks of Ohio State University, who reports<sup>1</sup> the use of blood proteins as likely to provide antigens for a great variety of infections. With this in view, he prepares a mixture of secondary proteoses from hydrochloric and pepsin digestion of ox blood fibrin. This has been used clinically in streptococcus infections with promising results. The next step is investigation of the proteoses used and further clinical trial.

<sup>1</sup> Science, February 21, 1919.